

SENATE BILL 3745

By Herron

AN ACT to amend Tennessee Code Annotated, Title 56
and Title 68, relative to colon cancer.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 5, is amended by adding the following as a new part thereto:

68-5-1001. This part shall be known and may be cited as the "Tennessee Colon Cancer Screening Program Act".

68-5-1002. As used in this part:

- (1) "Commissioner" means the commissioner of health or the commissioner's designated representative;
- (2) "Committee" means the colon cancer screening advisory committee;
- (3) "Department" means the department of health; and
- (4) "Program" means the colon cancer screening program.

68-5-1003.

(a) The program is established for the purposes of:

- (1) Increasing colon cancer screening;
- (2) Reducing morbidity and mortality from colon cancer; and
- (3) Reducing the cost of treating colon cancer among citizens of the state

of Tennessee.

(b) This part shall be limited to the amount of appropriations to the department for the program.

68-5-1004.

(a) The program shall provide colon cancer screening for uninsured individuals who are ages fifty (50) to sixty-four (64) and other uninsured individuals determined to be at high risk for developing colon cancer.

(b) Services provided under the program may be undertaken by private contract for services or operated by the department. The program may also provide referral services for the benefit of individuals for whom further examination or treatment is indicated by the colon cancer screening.

(c) The department may accept any grant or award of funds from federal or private sources for carrying out this part.

(d) The department shall establish a data collection system to document the number of individuals screened, the demographic characteristics of the individuals screened, and the types of colon cancer screening performed under the program.
68-5-1005.

(a) The commissioner shall appoint a colon cancer screening advisory committee to consult with the department in the administration of this part. The committee shall be composed of:

(1) One (1) member appointed by the speaker of the house of representatives;

(2) One (1) member appointed by the speaker of the senate;

(3) The deputy commissioner of the department;

(4) Two (2) at-large members appointed by the governor; and

(5) One (1) representative each from hospitals, medical schools, voluntary agencies interested in colon cancer, local public health agencies, medical specialists in colon cancer, and the general public.

(b) Each committee member shall be appointed for a term of four (4) years, except that the terms of the members first taking office shall expire after a period of two (2) years. Committee members shall not serve more than two (2) terms of four (4) years, except committee members serving under subdivisions (a)(1)-(3) shall serve by virtue of their positions and shall not be subject to term limits. The committee may add members from other organizations as deemed appropriate.

(c) The chair of the committee shall be elected from the membership of the committee to serve a two (2) year term. Any member of the committee may designate an alternate to attend meetings in his or her place.

(d) Any person appointed to fill a vacancy occurring prior to the expiration of the term for which such person's predecessor was appointed shall be appointed for the remainder of such term. The committee shall meet as frequently as the commissioner deems necessary, but not less than once each year. The committee members shall receive no compensation but shall be reimbursed for travel expenses incurred in carrying out their duties as members of this committee. All reimbursement for travel expenses shall be in accordance with the comprehensive travel regulations as promulgated by the department of finance and administration and approved by the attorney general and reporter.

68-5-1006. The department, with the advice of the committee, shall:

(1) Develop standards for determining eligibility for care and treatment under this program;

(2) Assist in the development and expansion of programs for the care and treatment of persons determined to be at high risk for developing colon cancer;

(3) Employ all necessary administrative personnel as may be provided in its budget to carry out this part;

(4) Establish and provide oversight for a colon cancer screening public awareness campaign;

(5) Provide an annual report on the implementation and outcomes from the program and make recommendations to the house health and human resources committee and the senate general welfare committee; and

(6) Promulgate all rules and regulations necessary to effectuate the purposes of this part.

SECTION 2. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding a new, appropriately designated section thereto:

56-7-25__.

(a) "Colorectal screening test" means a screening or test provided in accordance with current colorectal screening guidelines established by a nationally recognized organization such as the American Cancer Society.

(b) Any individual, franchise, blanket or group health insurance policy, medical service plan contract, hospital service corporation contract, hospital and medical service corporation contract, managed health insurance issuer contract, fraternal benefits society plan, or health maintenance organization plan that provides coverage for hospital and surgical expense insurance and that is delivered, issued for delivery, amended or renewed in this state on or after January 1, 2010, shall provide coverage for colorectal screening tests.

(c) The coverage required by this section may be subject to annual deductible, co-pays, co-insurance and contractual requirements established for other similar benefits within the policy or contract; provided, that the annual deductible, co-pays, co-insurance and contractual requirements for the coverage required by this section are no

greater or more restrictive than those established for other similar benefits within the policy or contract of insurance.

(d) Nothing in this section shall apply to accident only, specified disease, hospital indemnity, medicare supplemental, long-term care, disability or other limited benefit insurance policies or to any employer plan exempt from regulation under this title due to § 514 of the Employee Retirement Income Security Act of 1974 (ERISA), compiled in 29 U.S.C. § 1144.

SECTION 3. This act shall take effect January 1, 2013, the public welfare requiring it.